

Misperceptions vs. Realities of the Use of Contingent Skin Shock (CSS) at the Judge Rotenberg Center



JRC's GED device is 10x more powerful than a TASER



GED-3A & GED-4 are 100x and 40x LESS powerful than a TASER. Electrical energy = amps x volts, not amps alone.



The GED device uses alternating current (AC)



GED uses DC (direct current). DC is safer than AC. GED affects the surface of the skin. TASER affects muscle tissue.



Any client can receive a CSS



We have a 10+ step guardian, human rights, peer review, and court approval process.



All clients at JRC receive CSS



<20% of total current/historical clients have received CSS. Only adults are currently receiving CSS.



CSS is used to treat harmless behavior



All CSS-treated behaviors present harm. Early members in a behavior chain may be targeted.



CSS is the sole intervention



CSS supplements reinforcement-based, and less intrusive interventions. Adaptive behaviors are simultaneously targeted for acceleration (before, during, and after CSS).



CSS applications occur at high rates every day



Clients receive <1 application per week, on average. Applications are 2 seconds in duration with a 25% duty cycle.



The U.N. declared CSS was torture



A Special Rapporteur released a statement based on a false report submitted by an advocacy group.



Clients with CSS are primarily black and brown people



Over 50% of clients with CSS are white people.



Use of the GED leads to PTSD, other mental health conditions, and 3rd degree burns



We have observed temporary avoidance responses/anxiety/pain, and reddening of the skin. No negative long-term adverse events. Two isolated cases of misuse of the GED led to 1st degree burns.



The risks of CSS outweigh the benefits



CSS results in cessation or <90% reduction in aggressive and self-injurious behaviors. We observe positive affect, increased access to reinforcers, and reduced use of medications, restraint, and isolation.